

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. <i>Confidential Client Medical Record</i>
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|-----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | <u>5</u> years. |
| c. Federal law | _____ years. | f. Federal retention instructions | <u>5</u> years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Social Security Hospital Manual HIM-10

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☐ Other See attachment then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Charles G. Bruden</i>	<i>Feb 21, 77</i>	<i>Will J. McDonald</i>	<i>2-15-77</i>

State Records Committee (Signature)		Date
State Auditor/Designee	<i>[Signature]</i>	<i>3-9-77</i>
Secretary of State/Designee	<i>Carroll Hart</i>	<i>3-8-77</i>
Attorney General/Designee	<i>[Signature]</i>	<i>3-11-77</i>

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)

77-78

MEDICARE INDIVIDUAL PATIENT FILES -
Documents relating to claims filed by the hospital for reimbursement for services rendered to Medicare patients by a certified unit. Included are Medicare Admission Notices (Forms CSH-609), provider copies of bills (Forms SSA-1453 for Part A and SSA-1554 for Part B) for each stay in a certified unit by a Medicare eligible patient; a Statement of Services Rendered (Forms CSH 638) furnished by the Medicare Ward; a certificate of the required physician's certification and recertification; (Form CSH-19); a request to the Bureau of Health Insurance for Health Insurance number verification (Form SSA-1600); and correspondence from the Bureau of Health Insurance relating to adjustments and reasons for non-payment of some of the bills. The file is arranged alphabetically by patient name.

Upon death, discharge or if there is no Medicare Billing Activity for the past year place folders in inactive file; cut off inactive file at the end of the calendar year; hold in current files area 3 years; then transfer to local holding area; hold for 2 years; then destroy.

77-79

MEDICARE PATIENT DATA CARDS FILES -
Documents relating to each Medicare patient's stay(s) in a certified unit at Central State Hospital. Included are cards (Form CSH-628) which summarize the benefits available and benefits used by each patient. Files are arranged alphabetically by patient name.

Upon death, discharge or if there is no Medicare Billing Activity for the past year place cards in inactive file; cut off inactive file at the end of the calendar year; hold in current files area 3 years; then transfer to local holding area; hold for 2 years; then destroy.

77-80

MEDICARE BILLING FORMS TRANSMITTAL FILES - Documents relating to each shipment of Medicare bills. Included is a form (SSA-1609) for each shipment for each provider for each type of claim, listing the provider name, provider number, the number of bills in each transmittal and the total charges. Files are arranged numerically by Transmittal number.

Cut-off file at the end of each fiscal year; hold in current files area 5 years; then destroy.

Maintenance Instructions - Institutions should utilize their Local Holding Areas for storage of yearly accumulations anytime after cut-off.

77-81

MEDICARE PAYMENT LISTINGS -

Documents relating to the reimbursement of Medicare claims filed. Included are computer printouts from the HEW Bureau of Health Insurance listing the bills paid arranged by transmittal number corresponding to the transmittal number in which the claim was submitted with a sub-total for each transmittal and total at the end of the pay-list. A separate check is received for each type of benefit paid under the transmittal and the check is transmitted to the Accounting Office. The file is arranged serially by transmittal number.

Cut-off file at the end of each fiscal year; hold in current files area 5 years; then destroy.

Maintenance Instructions - Institutions should utilize their Local Holding Areas for storage of yearly accumulations any-time after cut-off.

Department of Human Resources
Division of Mental Health & Mental Retardation
Regional Hospitals
47 Trinity Avenue
Atlanta, Georgia

Page 3

#6 (continued)

The Medicare Billing Section involves preparation of Medicare bills for services rendered to Medicare eligible patients by certified units of CSH from information furnished by these units. Transmittal of the bills to the Bureau of Health Insurance for payment, receiving payments, reconciling payments with the paylistings from the Bureau of Health Insurance, submitting adjustment requests when necessary, and furnishing such supporting information and documents as required when requested to do so by the Bureau of Health Insurance. Transmitting checks received to the Accounting Office along with the payroll.